



STATE OF WASHINGTON
DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF CONSUMER SERVICES

P.O. Box 41200 • Olympia, Washington 98504-1200
Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258 • <http://www.dfi.wa.gov/cs>

CHANGE OF DESIGNATED BROKER APPLICATION

INSTRUCTIONS:

1. Pursuant to WAC 208-660-110(3), notification of change of Designated Broker must be provided at least thirty (30) days prior to the effective date of the change.
2. Provide a copy (not original) of the certificate of completion for the written examination. The registration form for the test is included in this application package. The certificate of completion (score) will be delivered at the test.
3. Provide either:
 - A) Evidence of two or more years in the residential mortgage loan industry. Acceptable evidence includes W-2 or 1099 forms; or a letter from a lender to whom you have submitted loans.
 - OR**
 - B) Certificate of passage of an approved course of education. Brochures from the approved course providers are included in this application.
4. Complete the enclosed pair of fingerprint cards (instructions enclosed).
5. Provide a current employment history. This may be submitted in the form of a resume.
6. Provide a personal credit report issued by an independent credit-reporting agency that has been pulled within the last six months. It must include a public records search.
7. Surrender previous original mortgage broker license.
8. Forward all documentation to the above address.

WASHINGTON STATE MORTGAGE BROKER
CHANGE OF DESIGNATED BROKER APPLICATION

COMPANY NAME _____

TRADE NAME OR DBA _____ LICENSE NUMBER _____

OUTGOING DESIGNATED BROKER:

Last Name *First Name* *Full Middle Name*

INCOMING DESIGNATED BROKER: **EFFECTIVE DATE OF CHANGE:** _____

INDIVIDUAL BACKGROUND

Last Name *First Name* *Full Middle Name*

Date of Birth _____ Social Security Number _____

Drivers License Number _____ State issued _____

If the individual has ever used any other name (eg: maiden, prior marriage, nickname, etc), SSN, or date of birth (including errors made by others), list below. If not, please write "none".

INDIVIDUAL'S RESIDENCE:

STREET ADDRESS _____
CITY/COUNTY _____
STATE/ZIP CODE _____
PHONE (_____) _____

AUTHORIZATION FOR BACKGROUND INVESTIGATION – INDIVIDUAL

TO WHOM IT MAY CONCERN

I hereby authorize and request that all local, municipal, city, county, state and federal law enforcement authorities furnish such information as they may have available concerning me, including information regarding criminal records, investigations, background, or similar information, whether known to me or otherwise, to the Department of Financial Institutions of the State of Washington. It is understood that the Department shall be under no obligation to disclose such information to me or any other person and may accept such information under such conditions concerning confidentiality and disclosure as the person providing such information shall require.

A copy of this authorization shall be accepted with the same force and validity as the original.

Signature Date

INDIVIDUAL BACKGROUND FORM (CONTINUED)

COMPANY NAME _____

Individual's Last Name

First Name

Full Middle Name

OTHER POSITION(S) CURRENTLY HELD WITH COMPANY _____

IF OWNER, PERCENT OF STOCK OWNED _____

(NOTE: If there is a significant change in ownership and control, the company must re-apply. Contact DFI for application.)

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- (1) Identify and describe all positions with any mortgage related companies you have had employment or ownership affiliations with in the past two years. Attach additional pages if necessary.

- (2) Have you been convicted of a gross misdemeanor involving dishonesty or financial misconduct, or a felony within seven years of the date of this application in any jurisdiction; or of a crime which, if committed within this state, would constitute felony under the laws of this state? If yes, detail on a separate page.

☐ Yes

☐ No

- (3) Have you personally, or as the principal of another entity, had a license issued under this chapter or any other state's similar statute, suspended or revoked within five years of the filing of this application? If yes, attach full details.

☐ Yes

☐ No

- (4) Are you presently involved in any form of civil litigation that may have an affect on the applicant? If yes, detail on a separate page.

☐ Yes

☐ No

SIGNATURE AND OATH OF INDIVIDUAL

I hereby swear and affirm that the information contained herein is true and correct to the best of my knowledge. I understand that any false statement or omission of material information in connection with this application shall be punished as provided by law and may subject the applicant to a denial of license or revocation of any license granted.

Signature of Individual

date